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Concurrent Sessions

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Building Infrastructure for Evaluation

Facilitators: Wendy Lyons, Jeanette Nu'man
CDC Representatives: Aisha Gilliam, Winifred King, Sam Taveras
Health Department Peer: Frank Laufer, NY
CBO Peer: Prescott Chow

This session addressed the implications of evaluation costs, and the resources (physical, financial, and staff) needed for Guidance activities. Questions addressed included: What does a jurisdiction do if there is only limited past experience within the health department in the area of evaluation? How does a jurisdiction go about contracting with a consultant? What does a jurisdiction do if there are few, or no, staff available for evaluation activities? Are there strategies for locating additional resources, or for implementing the Guidance when resources are limited?

Jeanette Nu'man, Facilitator
MACRO/HIV Prevention Projects

The facilitator, Jeanette Nu'man, welcomed participants and then introduced the CDC representatives and health department peer who conducted the session. Jeanette Nu'man said that the session focus would be to look at the elements of evaluation capacity, and that they would be expanding on the brief discussion that took place the previous morning. She noted that the session was designed to be a "work"shop – meaning participants do the work. Participants would be given the opportunity to examine one critical issue for their jurisdiction/organization and also to develop a strategy to address that issue that relates to evaluation capacity.

Jeanette Nu'man stated that the goal for the end of the session would be to identify critical needs and then identify possible strategies for addressing those needs. She then turned the floor over to Wendy Lyons of CDC, Program Prevention Branch. Wendy Lyons briefly reviewed the components of the information packets given to participants and introduced the next presenter – Aisha Gilliam of CDC.

Aisha Gilliam
CDC Representative
CDC, Program Evaluation & Research Branch

Aisha Gilliam discussed the foundation upon which CDC will be examining evaluation capacity. She said that some of the factors are "motivational forces" which has a lot to do with the philosophy of the organization and the goals to provide effective programs. She explained that some of these motivational forces are:

- ❑ The policies that pull organizations toward evaluation (overall mission/goals);
- ❑ The policies that push the need for evaluation within the organization; and
- ❑ The standards and challenges (internally/externally).

Some of the "pulling" forces could be:

- ❑ Competition for funds among organizations (health departments, CBO's, universities);
- ❑ Awareness of benefits – internal needs assessment;
- ❑ Opportunity to improve overall programs in order to work effectively and efficiently with the populations served.

Some of the "pushing" forces could be:

- ❑ Grant maker requirements for CBO's and other organizations;
- ❑ Reporting mandates of funding agencies that are under the gun to provide information to the federal government to determine program effectiveness;
- ❑ Accountability expectations – organizations are held accountable to funding organizations just as the funding organizations are held accountable to Congress.

Aisha Gilliam described the "organizational environment," which means the properties of the agencies in which evaluation is (or is not) conducted. She listed these examples:

- ❑ Full-time positions – it's much easier to conduct evaluation with full-time evaluators on board. Those without full-time positions might use consultants or might collaborate with universities or other entities. The capacity is determined by what is being conducted (large-scale evaluation needs more capacity);

- ❑ Training and professional development – some evaluators have previous training from schools, although on-the-job training is important (workshops, seminars);

- ❑ Value that the organization places on evaluation. Many organizations are driven in terms of funding and writing proposals, but the information gathered from evaluation could enhance the proposal and justify the need for funds;

- ❑ Leaders who advocate for evaluation – even though there might be an evaluation team, the leaders have to understand the importance of evaluation;

- ❑ Use of evaluation findings – to move forward in terms of capacity building and utilization of the results.

Aisha Gilliam then discussed "workforce and professional development." She said that in order to conduct evaluation, there must be knowledge, skills and abilities among those within the environment. CDC would like to establish a foundation that values evaluation, although they know that the professionals within the organization are important as far as carrying out the evaluation. The stakeholders who participate in evaluation should not be forgotten. While they might not be trained in evaluation, they are important assets for providing/facilitating the collection of information and bringing an understanding of the communities for conducting effective evaluations. Stakeholders could also provide entry into the communities.

She explained that resources and supports include locating additional community resources and implementation with limited resources. These are contingent on developing capacity and funding for resources. Technical assistance was also mentioned as an example of resources. She reminded participants that some collaborators (health departments, CBO's, universities) are willing to work with organizations to provide technical assistance (ex. graduate students).

With regard to learning from experience, Aisha Gilliam said that if they evaluate programs and collaborate with others then they would learn from that experience. That experience could teach lessons about the process of using the ability to conduct evaluations (outcome process or research oriented) – being part of an evaluation is a learning process. She explained that finding uses for evaluation could relate to developing capacity, improving programs, answering evaluation questions and being held accountable to the funding agency.

Wendy Lyons, Facilitator
Jeanetta Nu'man, Facilitator
Group Activity

Wendy Lyons then engaged the participants in a group activity, having each participant use a post-it to identify one critical need or issue that they have relating to the elements just discussed in Aisha Gilliam's presentation. Once completed, the facilitators picked up the post-its and attached them to flip charts around the room. The flip charts were titled according the different segments of Aisha Gilliam's presentation.

Jeanetta Nu'man explained that they were going to explore the issues that participants submitted. She said that most seemed to have questions around "workforce and professional development" and "resources and support." She divided the participants into groups according the most pressing issues.

Issues in Each Category (Verbatim from Cards):

Workforce and Professional Development

- ❑ Building sustainable long-term capacity for CBO's to undertake evaluation activities and for CBO's to get useful results from their evaluations.
- ❑ Providing guidance to health departments with little or no evaluation infrastructure to gain/develop evaluation infrastructure.
- ❑ Staff time to do evaluation - with limited staff and no extra funding for evaluation.
- ❑ How to design programs that allow evaluation to be a part of the design.
- ❑ How to develop an evaluation component that is effective, but also user-friendly, for local CBO's (easy to understand and not labor-intensive).
- ❑ The EG requires extensive, cross-tabbed data regarding the clients of our outreach programs. For many programs, this will involve observational and/or sampling techniques that are far beyond the capacity of small providers.

Organizational Environment

- ❑ I come from a state that has such a strong local public health authority that counties either conduct or contract out interventions (not the state). Achieving buy-in from counties for

evaluation is extremely difficult. They see this as an "unfunded" mandate.

Resources and Support

- ❑ I am the only person currently available to address evaluation (I am the only person in the program – period). What options could I pursue to build capacity from outside sources?
- ❑ More resources and support to conduct/incorporate outcome evaluations/monitoring.
- ❑ How to assess our current staff resources and ability to do evaluation along with all of the other things we have to do, such as contracts monitoring, training etc.
- ❑ Finding and obtaining buy-in from leaders who advocate for doing evaluation and using the findings.
- ❑ How do health departments ensure that CBO's get the resources and training on evaluation – especially data collection, management, software and hardware? Will CDC provide funding to address this?
- ❑ Helping CBO's build scientific basis of interventions.

Motivation

- ❑ Define specific standard.
- ❑ Knowing the challenges that health departments face in doing evaluations with HIV prevention CBO's.

Jeanette Nu'man then determined the most important issues from the lists and assigned each one a color. Different colored condoms were distributed to participants and they were asked to join a group discussion on the topic matching their color. She told participants that they had the option of choosing another group if they did not want to discuss the topic assigned. Participants were given 30 minutes to begin developing a set of strategies that they could use and were given the following guidelines:

- ❑ Define the issue
- ❑ Brainstorm possible strategies
- ❑ Analyze generated strategies
- ❑ Finalize a set of viable strategies
- ❑ Consider how these strategies could be incorporated into a plan of action
- ❑ Share the plan with the larger group

Participants made the following presentations of their findings:

Group 1

Issue

- ❑ Conducting services while meeting evaluation reporting requirements

Strategies

- ❑ Planning to incorporate evaluation activities into programs – requires thinking up-front of wanting the process to be streamlined.
- ❑ Highlight both the importance and utility of evaluation in order to foster both acceptance and decrease the threat of evaluation (how will it help?).
- ❑ "Bottom-up" evaluation, which provides a mechanism for evaluation. Some tools would be a logic model, on-site TA, evaluation bank (of knowledge and successful strategies) to increase capacity
- ❑ Set the stage for evaluation – think it through using the logic model to effectively incorporate evaluation into plans of action
- ❑ Partnering with other agencies, universities and other entities to help build/maximize capacity – the roles must be clearly defined to avoid confusion on how partnering will work
- ❑ One participant said that this proposed model is what they currently use in Connecticut. She said she'd be happy to share her knowledge with others if interested

Group 2

Issue

- ❑ How to assist CBO's in establishing evaluation strategies and implementing on-going evaluation given the capacity/organizational problems that CBO's are facing

Strategies

- ❑ The presenter said that the strategies focused on the idea that any plans need to be individualized to the agency situation. Each agency is unique and will have a different

set of priorities and needs as far as capacity building. It must be determined whether the evaluation plans are appropriate in scale and resources to the agency needs.

- ❑ Patience to allow time for assessment - whether approach is appropriate, data collection and infrastructures to support on-going evaluation
- ❑ Knowing who can provide assistance and TA to providers
- ❑ Looking at successful turnaround stories – agencies that have pulled out of organizational dysfunction
- ❑ Establishing training – agency leadership, putting priority on evaluation
- ❑ Doing a front-end evaluation plan, including the organization's goals/issues – making sure they participate and have their issues integrated into the plan. They would then be monitoring topics of critical interest to them and not feeling as though they are simply producing something to satisfy a funding agency.
- ❑ The presenter said they did not reach the "plan" stage, although they did discuss that all of this takes time, staff, resources and that it can be highly variable as to the ability to do this intense type of intervention.

Group 3

Issue

- ❑ Balancing responsibilities of staff with respect to the evaluation function. The presenter said that one area of concentration was the variation in the ability to recruit dedicated health department employed evaluators. They first concentrated on the barriers that need to be overcome in order to accomplish this. Some felt that there was no ability to recruit those staff. They had tried with no success and were pessimistic about being able to get those dedicated resources. Another concern was writing meaningful position descriptions, so that even if you had the resources – could you get the person to do the job? Salary level was another barrier mentioned to recruiting that type of staff with those qualifications. The minimum responsibilities for this type of position would be quality assurance, contract monitoring, training/TA and community planning.

Strategies

- ❑ The need for health departments and other jurisdictions to share those project descriptions that have been successful in being able to get a person on board (internally)

that is qualified to get the job done.

- ❑ Variation in hiring an external evaluator – universities/health departments/sole-source contractors.

- ❑ Institutionalizing of evaluation into project monitoring was discussed, although the presenter said the group could not reach a consensus on how to do this. The activities were to integrate them and also to keep them separate. The relationship between "monitoring CBO's" and "evaluating CBO's" seemed unclear.

- ❑ Institutionalizing training as a long-term investment.

- ❑ Balancing might be adversely affected by the categorical nature of these programs. He said the group asked questions such as, "Are our requirements similar to Ryan White requirements?" "What about the role of communicable disease programs?" "What about STD partner notification quality assurance activities?" He said the linkage between these activities and where the boundaries are also affects the ability to balance evaluation and integrate it within current roles.

Jeanetta Nu'man pointed out that one of the themes that seemed to be present in all groups was the organizational environment. Two groups talked about the value of evaluation and how evaluation is perceived. Sometimes it's helpful to not look at evaluation as a separate entity, but more from a "learning from experience" perspective. She referred back to a comment about balancing evaluation with other programs and she said that one thing to do is to see them as one entity – not separate activities. If they implement programs, then they have to make value judgments in terms of how the programs are working, if they're working and whom they are serving. She explained that if they see it as part of the program then evaluation might seem less scary. The first step is changing the way people think about evaluation and then other things should fall into place.

Frank Laufer
Health Department Peer
New York State Health Department

Frank Laufer described how New York State has organized itself as far as internal systems support for evaluation and other purposes. It is continuing to evolve and will probably continue to, as the environment requires. He said they have three entities within the Executive Branch of the AIDS Institute (part of the State Department of Health). First is the Administration and Contract Management group, which has developed and maintains a contract management system. This system functions as a centralized compilation of information from their contractors (those that receive state and federal funding through them). He explained this includes

demographic information, service information and physical data related to the specific contract(s) that the contractors have. It's collection of prospective information regarding what the contractors are intending to do as far as a specific program – the demographics of those they will serve and the venues in which they will provide the services. It can provide a snapshot of the contractors' intentions and provides them with some information that they can respond to, such as demographic breakdown of individuals receiving prevention services in a certain area. It is a way to provide information on targets, target services, populations and deliverables.

The Office of Program Evaluation and Research conducts evaluations or assessments of programs to determine the extent to which these particular programs are achieving one or more of their particular objectives. Frank Laufer said this area provides technical assistance to programs, program staff for evaluation planning, assistance with survey development, implementation of surveys and data collection/analysis to include in summary reports. He explained that this office has developed the Community Needs Index, which is a tool that assists with institute program planning and evaluation, as well as policy development – it as a way to provide a measure of need in a particular area at a zip code level. He gave an example of a particular region in upstate New York that could have information put together, such as demographics, program information and other public health indicators that indicate some level of need in a particular area. These areas could be designated as having high, medium or low level need.

The Office of Systems Development oversees their Uniform Reporting System (URS). Frank Laufer explained that the URS is a counter based data collection and relational database tool. He said their contractors provide information that they collect at their program level to the AIDS Institute. The information is provided electronically and is put together into ADA (database of all of the information that the contractors have put together, which reflects client level and aggregate level information regarding services that have been provided by them at various sites).

The Information Services Office is the technology and information center for the AIDS Institute. Frank Laufer said they do ad-hoc analysis and data profiles off of data systems that they have, including ADA, CTS system and the data collection system that preceded URS. He noted that URS is being phased in among the contractors in New York State.

In terms of how New York State got to where it is, Frank Laufer said he has been with the AIDS Institute for less than two years and had to ask around about any other institutional history in order to put together some information around some of the particular factors they had been discussing. The motivation for providing evaluation support was pretty obvious. The funders look for feedback as far as what their dollars are buying, contract management people need to do program reviews, the legislature is always looking for information on how they're spending state dollars and they also have a need to provide some information to the public as far as the

epidemic.

He said that as far as the organizational environment is concerned, evaluation is trying to be user-friendly. It's not trying to be something that peaks over the shoulders of the contractors/contract managers to see what's going on, but something that works cooperatively and supportively with program staff and CBO's to provide some coordinated, comprehensive viewpoints of evaluation for programs. He said that the thought was to make program staff realize the benefits of having evaluation as a tool, and also to help in the allocation of resources – to work with the staff rather than be an adversary. As workforce and professional development is concerned, the institute has been able to build a support system of individuals (researchers, IT professionals) which combine to make the program system something that can offer expertise in evaluation. There has been a commitment to be up-to-date with software/hardware developments and to provide a comprehensive, coordinated and cooperative environment in which to conduct evaluation.

In terms of resources and supports, they've taken monies from state funding, federal funding and other sources and put them together to build up the sphere of evaluation for the AIDS Institute. They provide information on what other individuals have been doing in evaluation to disseminate information. The Office of Program Evaluation and Research regularly publishes bibliographies of what has been going on in health care prevention, as well as a cost effectiveness bibliography.

Frank Laufer said that they also "double-dip" when possible in that evaluation that might be going on for a particular purpose could have more than that one purpose. He gave an example of a pilot syringe access program where the legislature mandated that an outside entity provide evaluation of the program. The department of health was mandated not to do it, but through partnering, is involved in some manner even though it's being done by the New York Academy of Medicine. That the particular evaluation also suffices for what they will do under the Evaluation Guidance. Though he said he hadn't really been around long enough to learn from experience, it is a work in progress that they need to continue to use to see what works and what doesn't in order to make adjustments.

Discussion Summary:

- One participant said that, even though he doesn't know exactly what the budget is for evaluation, he knows it's a lot of money and a lot of positions. He asked what message Frank Laufer would have for those wanting to build a meaningful evaluation unit within HIV prevention – how would it be staffed to meet the requirements? He said it would essentially be scaling down the New York experience, but taking the kernels.

- Frank Laufer responded by saying that he wished he had a meaningful evaluation unit –

he is it. He has extensively used the systems that currently exist. They have the URS, which provides demographic and other information on clients; they have a contract management system that provides information of what the intention of the contractors are (client information). These are the two main tools that he has used to respond to evaluation, and they are tools that serve several purposes, so there is no need to "reinvent the wheel" to get the information. Given limited resources, a lesson would be to have current systems accommodate certain needs.

Winifred King
CDC Representative
Capacity Building Branch

Winifred King, is a program evaluator on the Science Application Team, part of the Capacity Building Branch at CDC.

In addition to peers, other available resources include NASTAD (peer to peer TA for health departments), MACRO and CDC (provides TA to states through the Science Application Team and the Program Evaluation and Research Branch). Winifred King noted that people should call their project officer to receive TA through the CDC. Once contact with the project officer has been made, someone on the Science and Application Team would be notified, and the issue would be addressed within the Team, or they might collaborate with either PERB or MACRO, depending on the nature of the request. Winifred King explained that some types of TA that could be expected would be:

- ❑ Interpretation of the Evaluation Guidance
- ❑ How to ascertain the scientific basis of prevention programs
- ❑ Process monitoring/evaluation
- ❑ Outcome monitoring/evaluation
- ❑ Data collection and management procedures
- ❑ Strategies to improve quality assurance
- ❑ Strategies to build evaluation capacity within the jurisdiction

There are some limitations on the types of TA that can be provided:

- ❑ CDC can not do the evaluation for a health department or analyze data for an individual state (limited resources/staff);

- ❑ CDC can not come to a state and conduct training on the Evaluation Guidance to a state's CBO contractors. However, they would be providing training to health departments and

CBO's in regards to the Evaluation Guidance; and

- ❑ CDC can not offer more money to build evaluation capacity, although they can provide strategies to build evaluation capacities within jurisdictions.
- ❑ Aisha Gilliam added that they have five capacity builders who provide technical assistance, prevention design, planning design and evaluation. She said it really focuses on the minority CBO's and she urged participants to inform CBO's targeting minority populations about this assistance.